



# **MEDICATION MANAGEMENT IN IOWA SCHOOLS**

**RESOURCES TO SUPPORT THE HEALTH  
AND SAFETY OF STUDENTS AND STAFF**



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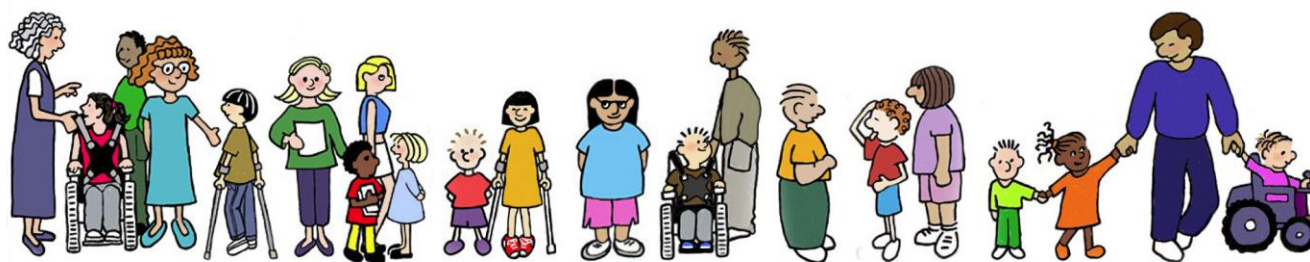
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## IMPORTANT

The materials and resources found in this manual are intended to provide an overview and possible examples only. Do not accept any example materials as local policy or procedures until after full and sufficient consideration. It is always wise to have proposed local policies and procedures reviewed by legal counsel.

The manual is made available through a project of the Iowa Department of Education and Topic Sentence Services LLC. The manual may be printed as it is for use in Iowa schools.

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## INTRODUCTION

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In order to best benefit from their education, students may need to take medication at school or during school activities. Some students would not be able to attend school at all if medication administration were not available.

The resources in this manual are designed to help Iowa schools carry out medication administration for students in a safe, effective way that is consistent with their responsibilities under national and state laws. These resources are intended to be part of the comprehensive school improvement plan which includes coordinated school nurse and school health services.

In Iowa, districts and schools must establish medication administration policies and procedures. The medication administration policies need to be consistent with laws, overall district policies and good health practices. This manual includes a summary of relevant laws, sample policies, procedures and forms as well as materials and resources to use in training qualified designated personnel to assist with medication administration at school.

Proper medication administration improves student health outcomes, attendance, performance and safety and can save lives. It can also help students learn about proper use of medication and can contribute to long-term healthy lifestyles.

# Laws

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The following are brief summaries of the laws only. For the entire content of the law please access the law text.\*



## Federal

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### **Americans with Disabilities Act (ADA) 42 United States Code (U.S.C.) § 12101 et seq. 28 Code of Federal Regulations (C.F.R.) § 35.101.**

URL:

US Code: <http://www.gpoaccess.gov/uscode/browse.html>

[http://frwebgate.access.gpo.gov/cgi-](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC126&PDFS=YES)

[bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC126&PDFS=YES](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC126&PDFS=YES)

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_02/28cfr35\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/28cfr35_02.html)

Guarantees equal opportunity for individuals with disabilities.

### **Civil Rights: Nondiscrimination under programs receiving federal assistance 42 U.S.C. 2000c et seq.; 34 C.F.R. §§ 100-199.**

URL:

US Code: [http://frwebgate.access.gpo.gov/cgi-](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC21&PDFS=YES)

[bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC21&PDFS=YES](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=42USCC21&PDFS=YES)

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/34cfr100\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/34cfr100_03.html)

Prohibits anyone from being excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the grounds of race, color, or national origin.

\* Special thanks to Ted Potter, Head of Public Services, University of Iowa Law Library, for help with this section.

**Family Educational Rights and Privacy Act (FERPA): 20 U.S.C. 1232g; 34 C.F.R. § 99.**

URL:

US Code: [http://frwebgate.access.gpo.gov/cgi-](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+20USC1232g)

[bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite: +20USC1232g](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+20USC1232g)

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/34cfr99\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/34cfr99_03.html)

Protects the rights and privacy of parents and students including certain education records. Generally, schools must have written permission to release student information. Exceptions include school officials with legitimate educational interest, appropriate officials in cases of health and safety emergencies and others.

**Individuals with Disabilities Education Act (IDEA) 20 U.S.C. Sec. 1400 et seq.; 34 C.F.R. Parts 300 et seq.**

URL:

US Code: <http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2C>

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_01/34cfr300\\_01.html](http://www.access.gpo.gov/nara/cfr/waisidx_01/34cfr300_01.html)

<http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C>

Assures all children with disabilities have access to a free, appropriate public education (FAPE) emphasizing special education and related services designed to meet each student's unique needs and assess and assure effectiveness of efforts to educate all children with disabilities.

**Prohibition on mandatory medication: 20 U.S.C. 33, 1412(a)(25); 34 C.F.R. § 300.174.**

URL:

US Code: [http://www4.law.cornell.edu/uscode/20/usc\\_sec\\_20\\_00001412----000-.html](http://www4.law.cornell.edu/uscode/20/usc_sec_20_00001412----000-.html)

CFR: [http://edocket.access.gpo.gov/cfr\\_2008/julqtr/34cfr300.174.htm](http://edocket.access.gpo.gov/cfr_2008/julqtr/34cfr300.174.htm)

Prohibits local educational agency personnel from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation, or receiving services. There is no prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school or regarding the need for evaluation for special education or related services.

**No Child Left Behind Act (N.C.L.B.): 20 U.S.C. 6301 et seq.; 34 C.F.R. Parts 200-299**

URL:

US Code: <http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=20USCC70&PDFS=YES>

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_01/34cfrv1\\_01.html#200](http://www.access.gpo.gov/nara/cfr/waisidx_01/34cfrv1_01.html#200)

Requires strengthening and improving elementary and secondary schools to ensure all children have the chance to access a high quality education and achieve academic standards.

**Occupational exposure to blood-borne pathogens: 29 U.S.C. § 653; 29 C.F.R. § 1910.1030**

URL:

US Code: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:+29USC653](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+29USC653)

CFR: [http://edocket.access.gpo.gov/cfr\\_2003/julqtr/29cfr1910.1030.htm](http://edocket.access.gpo.gov/cfr_2003/julqtr/29cfr1910.1030.htm)

Specifies that the school district must establish policy and guidelines to eliminate or minimize occupational exposure to blood-borne pathogens.

**Rehabilitation Act (Section 504): 29 U.S.C. § 794; 20 U.S.C. § 1405; 34 C.F.R. Part 104**

URL:

US Code:

29 U.S.C. 794:

[http://www.access.gpo.gov/uscode/title29/chapter16\\_subchapterv\\_.html](http://www.access.gpo.gov/uscode/title29/chapter16_subchapterv_.html)

20 U.S.C. 1405: <http://www.gpoaccess.gov/uscode/browse.html>

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_07/34cfr104\\_07.html](http://www.access.gpo.gov/nara/cfr/waisidx_07/34cfr104_07.html)

Provides individuals with disabilities rights to be included in any program or activity receiving federal financial assistance. Schools must provide appropriate programming and address accessibility issues, including physical accessibility to school facilities.

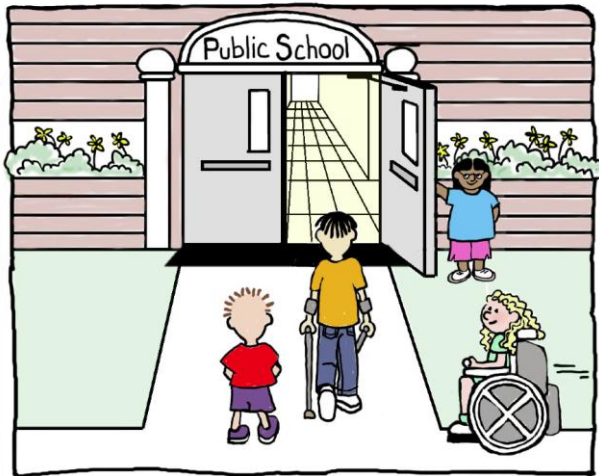
**Vocational and Applied Technology Educational Act (Perkins Act): 20 U.S.C. § 2301 et seq.; 34 C.F.R. Parts 400-491**

URL:

US Code: <http://www.gpoaccess.gov/uscode/browse.html>

CFR: [http://www.access.gpo.gov/nara/cfr/waisidx\\_07/34cfrv3\\_07.html](http://www.access.gpo.gov/nara/cfr/waisidx_07/34cfrv3_07.html)

The act authorizes federal funds to support vocational education programs to improve access of the underserved or those with greater than average educational needs. Requires access to vocational education for students with disabilities.



**At-Risk Children Plan: Iowa Code § 280.19**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=83>

Requires each public school district board to incorporate criteria into kindergarten admissions programs to identify at-risk children. It also requires procedures for integrating at-risk children to meet their developmental needs as part of the comprehensive school improvement plan.

**Iowa Board of Pharmacy: Iowa Code §§ 124.101(1), 147.107, 155A.4(2)c**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82>

Provides a definition of "administer," allows a practitioner to delegate the administration of controlled substances to a nurse, describes drug dispensing limitations and states a practitioner licensed by the appropriate state board to administer drugs to patients may delegate the administration of a prescription drug to a nurse or other qualified individual.

**657 Iowa Administrative Code (I.A.C.) 8.32 (124,155a)**

URL:

<http://www.legis.state.ia.us/asp/ACODocs/ruleList.aspx?pubDate=6-30-2010&agency=657&chapter=8>

The Board of Pharmacy designates qualified individuals to whom a practitioner may delegate the administration of prescription drugs; includes persons who have successfully completed a medication administration course and licensed pharmacists.



**Medication: Iowa Code § 280.16**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82#280.16>

Authorizes students with asthma or other airway constricting diseases to be able to self-administer medication at school with parental and physician signed consent on file with requirements specified. The Code does not require a demonstration of competence.

**Nursing: Iowa Code Chapter 152; Nursing Practice for Registered Nurses: 655 I.A.C. 6.1, 6.2(5)c, 6.2(5)d**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82>  
<http://www.legis.state.ia.us/asp/ACODocs/ruleList.aspx?pubDate=6-30-2010&agency=655&chapter=6>

Defines unlicensed assistive personnel as individuals who are trained to function in an assistive role to the registered nurse in the provision of nursing care activities as delegated by the registered nurse in Minimum Standards of Nursing Practice for Registered Nurses. Nurses are required to use professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. Supervision of assistive personnel is also described.

**School Nurse: Iowa Code § 256.11(9B)**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82#256.11>

Requires each district to have a school nurse to provide health services. Each district shall work toward the goal of one school nurse for every 750 students enrolled. Defines school nurse as a person who holds an endorsement or a statement of professional recognition for a school nurse issued by the board of educational examiners under Chapter 272. 281 IAC 12.4(12) Nurses. The board of each school district shall employ a school nurse and shall require a current license to be filed with the superintendent or other designated administrator.

**Student Health Services: Iowa Code § 280.23**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode&ga=82#280.23>

States that the school board of each public school district and nonpublic school shall not require nonadministrative personnel to perform any special health services or intrusive nonemergency medical services for students unless the nonadministrative personnel are licensed or otherwise qualified and have consented to perform the services.

**Student Records: 281 I.A.C. § 12.3(4); 441 I.A.C. § 79.3(3)**

URL:

<http://www.legis.state.ia.us/aspx/ACODocs/ruleList.aspx?pubDate=6-30-2010&agency=281&chapter=12>

Requires a district or school to establish and maintain a permanent and cumulative record system for students. The cumulative record must be a current working record that includes physical and health records and other records. When a student transfers to another district, a copy of the cumulative record must be sent to the requesting district where a student transfers. Medicaid requires records maintenance for five years from the date of claim.

**Student Records as School Property: Iowa Department of Education, December 2007, Interpretation**

URL:

[http://www.iowa.gov/educate/index.php?option=com\\_content&view=category&id=411&Itemid=2656](http://www.iowa.gov/educate/index.php?option=com_content&view=category&id=411&Itemid=2656)

Legal lessons, student records, student records as school property; maintain records 2 years beyond the graduation date and if there are unresolved issues, keep copies of the records from the cumulative file. Retrieved July 12, 2010.

**Special Education: Iowa Code Chapter 256B**

URL:

<http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&service=IowaCode>

Requires school districts to provide, as an integral part of public education, a free and appropriate public education to meet the needs of all children requiring special education.

**Prohibition on Mandatory Medication: 281 I.A.C. § 41.174(1-2)**

URL:

<http://www.legis.state.ia.us/aspx/ACODocs/ruleList.aspx?pubDate=6-30-2010&agency=281&chapter=41>

Prohibits public agency personnel from requiring parents to obtain a prescription for substances for a child as a condition of attending school or receiving an evaluation or services. Nothing shall be construed to create a Federal prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school, or regarding the need for evaluation for special education or related services related to child find.

**Medication Administration: 281 I.A.C. § 41.404(1-3)**

URL:

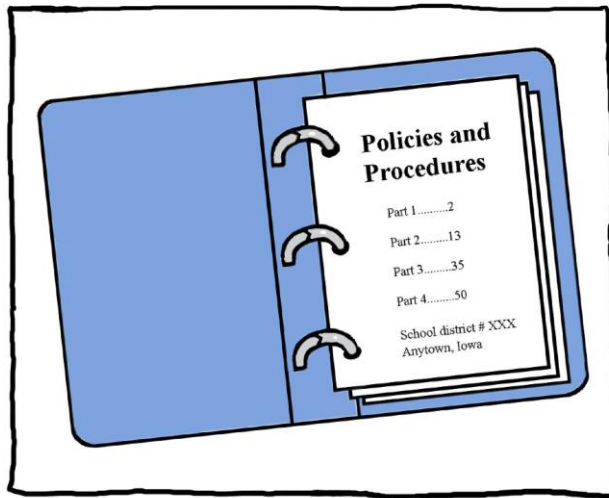
<http://www.legis.state.ia.us/aspx/ACODocs/ruleList.aspx?pubDate=6-30-2010&agency=281&chapter=41>

Requires all public agencies to have policies and procedures regarding administration of medication including requirements for a written medication administration record. Agencies need to establish a medication administration policy and procedures which include the following:

- a. A statement on administration of prescription and nonprescription medication.
- b. A statement on an individual health plan, when administration requires ongoing professional health judgment.
- c. A statement that persons administering medication shall include authorized practitioners, such as licensed registered nurses, physicians and persons to whom authorized practitioners have delegated the administration of prescription drugs (who have successfully completed a medication administration course). Individuals who have demonstrated competency in administering their own medications may self-administer their medication. Individuals shall self-administer asthma or other airway constricting disease medications with parent and physician consent on file, without the necessity of demonstrating competency to self-administer these medications.
- d. Provision for a medication administration course and periodic update. A registered nurse or licensed pharmacist shall conduct the course. A record of course completion shall be maintained by the school.
- e. A requirement that the individual's parent provide a signed and dated written statement requesting medication administration at school.
- f. A statement that medication shall be in the original labeled container either as dispensed or in the manufacturer's container.
- g. A written medication administration record shall be on file at school and shall include:
  - (1) Date.
  - (2) Individual's name.
  - (3) Prescriber or person authorizing administration.
  - (4) Medication.
  - (5) Medication dosage.
  - (6) Administration time.
  - (7) Administration method.
  - (8) Signature and title of the person administering medication.
  - (9) Any unusual circumstances, actions or omissions.
- h. A statement that medication shall be stored in a secured area unless an alternate provision is documented.
- i. A requirement for a written statement by the individual's parent or guardian requesting the individual's coadministration of medication, when competency is demonstrated.
- j. A requirement for emergency protocols for medication related reactions.
- k. A statement regarding confidentiality of information.

# Policies

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Policies provide general directions that guide decision-making. The following sample policy and administrative regulations were developed by the Iowa Association of School Boards (IASB), and reflect the Iowa Department of Education's special education administrative rule regarding the administration of medications at school. There are no rules addressing students who are NOT receiving special education who may need medication administered at school. The IASB has written the sample policies and regulations to apply to all students.

### **Administration of Medication to Students**

Some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by an authorized practitioner with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency.

Persons administering medication shall include the licensed registered nurse, physician, persons who have successfully completed a medication administration course, or to be an authorized practitioner, including parents. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist and a record of course completion kept on file at the agency.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

Approved \_\_\_\_\_

Reviewed \_\_\_\_\_

Revised \_\_\_\_\_

## **Administration of Medication to Students**

*Note: This law reflects the Iowa Department of Education's special education administrative rule regarding administration of medication. Since there are no rules addressing students not receiving special education services, IASB has written the sample policies and regulations to address all students.*

*Iowa law requires school districts to allow students with asthma or other airway constricting disease to carry and self-administer their medication as long as the parents and prescribing physician report and approve in writing. Students do not have to prove competency to the school district. The consent form, see 507.2E1, is all that is required. School districts that determine students are abusing their self-administration may either withdraw the self-administration if medically advisable or discipline the student, or both.*

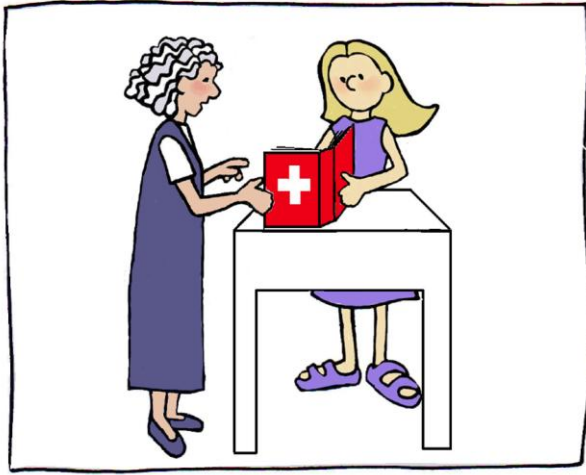
*For more detailed discussion of this issue, see IASB's Policy Primers, Vol. 20 #7 – Dec. 4, 2008 and 17 #8 – June 18, 2004.*

Legal Reference: Iowa Code §§124.101(1), 147.107, 152.1, 155A.4(2), 280.16, 280.23  
Education [281] IAC §41.404(3)  
Pharmacy [657] IAC §8.32(124, 155A)  
Nursing Board [655] IAC §6.2(152)

Cross Reference: 506 Student Records  
507 Student Health and Well-Being  
603.3 Special Education  
607.2 Student Health Services

# Procedures for Medication Administration

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Procedures are the detailed step-by-step instructions for implementing policy. The district and school develop procedures for how prescription and non-prescription medications are to be administered as part of the student's educational program and for accountability and emergencies. The procedures need to be supported with definitions and descriptions. The format and content need to be consistent with laws, policies, research and exemplary health practices.

School personnel, prescribers, parents, and students work together to assure the student receives the medication with the least school disruption, while maintaining the optimal benefit of the medication. Designated personnel to carry out medication administration need to be identified and trained. Back-up individuals need to be selected to cover when designated personnel are absent.

The procedures need to cover the proper response to emergencies that might occur during medication administration at school and during school activities. While most emergencies in schools are not life threatening, each district and school needs to prepare for the possibility of a serious incident by having an emergency school health services plan and back-up plan in each building. Details on these plans are covered on pages 23-26.

## General Medication Administration procedures

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### Procedures must include the following requirements:



**Notification** Notify parents and students routinely about the school medication administration policy.

**Personnel** Provide student medication administration by a registered nurse or by qualified designated school personnel who have received required training.

**Prescriber's Authorization** The legal prescriber's directions on the prescription or non-prescription label should specify the student, medication, administration instructions and date.

**Parents' Written Authorization** A dated statement signed by the parent or guardian is on file at school authorizing medication administration in accordance with the prescription or non-prescription medication instructions. The authorization includes side effects experienced, individual instructions, notification the information will be shared with appropriate school personnel and permission to contact the prescriber about the medication as needed. Medication administration authorizations are renewed annually and updated immediately as changes occur. A registered nurse and or school employee may accept a faxed parent or health provider signature requesting medication administration or any change in medication administration as long as there are no questions about the signature authenticity. Phone orders followed by written authorization to continue administration may be accepted.

**Safe Delivery** The parent provides for the safe delivery of the medication to and from school, and the parent will be notified when more medication is needed and when to pick-up unused medication.

**Labeled Container** The labeled medicine is in the original container with the original label as dispensed or with the manufacturer's label. The parent provides the labeled medication, supplies and devices.

**Communication** Ongoing communication occurs between the individuals administering medication, practitioners, family and student as applicable.

**Confidentiality** The student medication information is confidential with the exception of school personnel needing to know (See FERPA under Federal Laws page 6.)



**Records** A medication administration record is maintained. Documentation includes student name, medication, dose, date, time, route, signature of the person administering the medication, unusual circumstances, and how they were reported.



**Storage** Medication is stored in a secure area or as authorized. There are no laws requiring special security for controlled substances, however sometimes medication is counted on receipt, counted daily and doubled locked depending on the individual situation.

**Unused Medication** When medication administration is completed, the parent or guardian is advised to pick up unused portions of medication. All unused medication is returned to the parent or guardian. As a last resort, a minimal amount of medication may be disposed of in the regular trash by putting it in a sealed container mixed with an objectionable substance, such as soap. (Iowa Department of Natural Resources, personal

communications, February 11, 2008).

**Individual Health Plan (IHP)** The nursing assessment for a specific student may determine that medication administration requires knowledge and skills beyond the usual and normal. In these circumstances, special requirements need to be included in the IHP.

**Student Education** It is recommended that the school's life skills or health curriculum contain information about prescription and over-the-counter medications and their effects, side effects, administration, decision making and school procedures for school medication administration and self-administration.

## Procedures for Self-administration of Medication

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Students may need immediate access to medications or may need to develop skills to ensure personal safety, attendance, and life long health. A student's parents, on the prescriber's advice, may determine that a student needs to carry and/or self-administer medication. The registered nurse develops an Individual Health Plan for student self-administration and carrying medication in school and during school activities. The plan may include requirements for student health instruction, skills demonstration, and agreement on the principles of self-care. The school procedure and protocol includes the following.

1. The parent must supply written authorization stating the student is competent and may carry and self-administer the medication. A faxed signature on the authorization is acceptable. Verbal authorization by telephone must be followed with a written authorization.

Written authorization includes the student name, medication name, dosage, time to be taken, number of times to be taken and the length of time the request is effective, such as the number days, months or the entire school

year. Any special instructions are also included. In the authorization the parent agrees that information and questions on medication administration may be discussed with the health prescriber. This authorization must be renewed yearly and updated when changes occur.

2. In addition to the parent authorization, there needs to be an agreement with the student on self-administration of medication. This may include student responsibilities for maintaining an administration record, agreeing to follow prescriber instructions and using the medication safely and accurately. If the student does not follow procedures or if there is misuse of medication, the authorization to allow the student to self-administer medication may be withdrawn.
3. The parent provides the properly identified medication in the original labeled pharmacy container.
4. School personnel should be notified and educated if they need to know about the self-administration of medication administration authorized in the student's health plan.

## **Procedures for Self-Administration of Medication for asthma and other airway constricting disease**

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Iowa law requires districts and schools to allow students with asthma or other airway constricting disease to carry and self-administer medications.

If the following features are implemented, the law permits students with asthma or other airway constricting disease to carry and use their medication while in school, at school-sponsored activities, while being supervised by school personnel and while in before-school or after-school care or other programs on school-operated property. The following features are required.

1. The parent or guardian must provide a signed, dated authorization for students to self-administer medication.
2. An authorized practitioner, such as physician, physician's assistant, advanced practice nurse or other person allowed to prescribe medications under Iowa Law, must provide written authorization that includes the student's name, the purpose of the medication, dosage, times and any special medication administration procedures.
3. The medication must be in the original labeled container as dispensed or the manufacturer's container labeled with the student name, name of the medication, directions for use and date.
4. The authorization must be renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to immediately notify school officials and update the authorization(s).
5. The parent or guardian signs a statement acknowledging that the district and school and its employees, by law, incur no liability, except for gross negligence, as a result of any injury arising from self-administration.
6. It is recommended that the student maintain a self-administration record.
7. It is recommended that the parent or guardian agrees information and questions about a student's self-administration of medication at school may be discussed with the prescriber.
8. If the student misuses the self-administration policy, the self-administration may be withdrawn. It is recommended that medically advisable consequences be considered.

## **Procedures for Non-prescription Medication**

The school may determine it is helpful to have nonprescription medications at school. It is recommended that standing orders for nonprescription medications be developed by the school and signed by the parent. A sample authorization form is found in Example Forms on page 46.

## Procedures for Uncommon situations

---

The school must have procedures for situations where a medication is not administered. These situations include when a medication is refused, vomited, not administered, not swallowed, spilled, or lost.

### **General actions for all uncommon situations include the following.**

1. Observe the situation.
2. Notify the supervising registered nurse as soon as possible.
3. Follow nurse's instructions to notify the administrator, parent and health provider as appropriate.
- 4 Document the situation and file a written incident report (see sample, p.43)

### **For specific circumstances, the following procedures may be used.**



1. *Refusal:* Report to the nurse. Notify the student's parent if instructed to do so by the nurse, document the incident, and file an incident report.
2. *Vomiting:* Report to the nurse. Include the student's name, age, medication, dosage, time lapse since medication administration and vomiting, and if the medication was visible or intact in the vomitus. Notify the student's parent and health provider if instructed to do so by the nurse, document the incident, and file an incident report.
3. *Not administered:* If the student does not report to the designated area to take medication, find the student and request student to report to the area. If the student does not come to the area, report to the nurse. Describe the circumstances. Notify the student's parent and health provider if instructed to do so by the nurse. File an incident report.
4. *Not swallowed:* If a student has difficulty swallowing medication, personnel can try to give one medication at a time with adequate fluids. Place the medicine on the back of the tongue. Give medications in food or crushed only if directed. Report to the nurse, and describe the circumstances. File an incident report. Notify the student's parent if instructed to do so by the nurse.
5. *Spilled or Lost:* Report to the nurse. Describe the circumstances. Notify the student's parent if instructed to do so by the nurse. Document the incident and file an incident report. The nurse may instruct the administration of another dose.
6. *Special medications:* Requests to administer experimental, off-label supplements, over-the-counter, herbal, alternative, complementary and homeopathic medications are evaluated on a case-by-case basis using consultation with prescriber, research, information, resources and other sources to support the safe and effective administration at school (Iowa Board of Nursing, 1995, NASN position statements, 2003).

## Procedures for Medication Administration on Field trips

---

There must be a plan for how medications will be administered on field trips and during school activities. Ideally, a qualified designated person should accompany children who need medications on field trips, replicating the procedures used in the school building. However, this may not always be possible. The registered nurse may decide to provide specific medication administration education with select school personnel who will be on the field trip or activity.

To prepare medications for a field trip, the nurse or qualified designated personnel may put the medication into a small-labeled envelope and seal it. The envelope label includes the student name, teacher and classroom, medication, dosage, time for administration and an identified space to document medication administration.

The person designated to administer the medication on the field trip or other activity keeps the medication in a secure place. On returning to school, the RN or qualified designated personnel returns the signed empty envelope and documents administration on the standard medication administration form.

There may be certain medications and situations not covered in this example. When the practitioner determines delegation is not appropriate, the student's Individual Health Plan will provide safe alternative plans for administration on field trips.

See the Interpretative Statement: Iowa School Nurses and Delegation in Appendix B.

## Procedures for Needle and other sharps safety

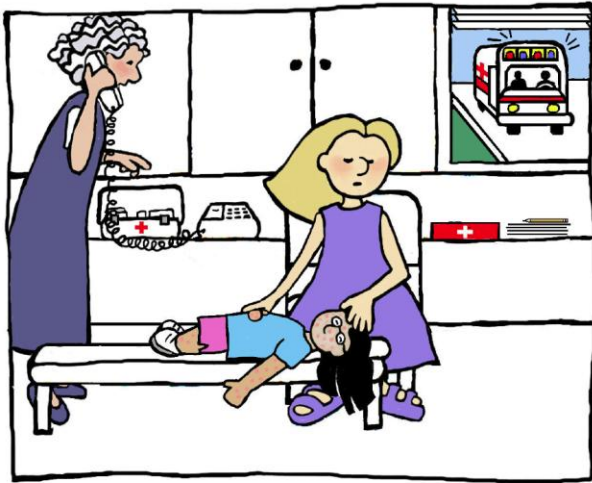
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Needle and other sharps injuries can expose staff to potentially infectious materials and serious diseases. School personnel using, handling, and disposing of needles and other sharps must use prevention strategies. These include the following.

1. Participate in bloodborne pathogen training and follow infection prevention practices in the safe use and disposal of needles and other sharps.
2. Avoid the use of needles where safe and effective alternatives are available.
3. Use devices with safety features whenever possible.
4. Avoid recapping needles.
5. Plan for safe handling and disposal before beginning any procedure using needles.
6. Dispose of used needles promptly in appropriate sharps disposal containers.
7. Report all needle and other sharps-related injuries promptly to insure appropriate and timely follow-up.
8. Tell the registered nurse about hazards from needles that are seen in the work environment.
9. Evaluate the effectiveness of prevention efforts and provide feedback.

(CDC 2008; OSHA 2008.)

# Procedures for Medication Emergencies



While rare, a life-threatening medication emergency may occur at school or during outside school activities. Districts and schools need to have an emergency health policy and procedures and back-up plan in each building to respond to medication emergencies. The emergency plan should include the following requirements.

1. All school personnel know how to access 911 and/or community emergency health systems.
2. There are designated personnel who know emergency services, basic first aid, and CPR in the event a registered nurse is not on site or at school activities.
3. There are designated trained personnel who agree to respond to emergencies.
4. An emergency health plan is in place for any student with known risk for allergic reactions or anaphylaxis. The plans include step-by-step instructions for managing an emergency.
5. Develop the district/school emergency response plan with community services involvement.
6. Maintain an updated emergency kit.

## Emergency medication kit

The district/school maintains an emergency medication kit (to-go-bag). Procedures need to cover how the contents will be used, who will be using the kit, such as registered nurses, athletic staff, or other trained staff. Procedures should also include how the kits should be updated and monitored. Secure storage where designated individuals will have access must also be established. The emergency medications in the kit are determined by the prescriptions of students and staff, emergency needs and other assessed needs.

Access a list of recommended emergency kit (to-go-bag) contents, procedures and forms (Ohio, 2007, pages 42-43).

### Category I. Life Threatening or Severe Emergency



**INTERVENTION: Immediate treatment and mobilization of emergency health services.** The most important actions are first aid and transportation to a treatment facility as quickly as possible. Providing immediate basic first aid, CPR and summoning emergency community health services may mean the difference between life and death. Possible life threatening emergencies may occur even hours after the medication administration incident.

#### **SIGNS of severe emergency can include:**

1. Acute itching, hives, swelling of face or extremities
2. Severe swelling of lips, tongue, mouth, tightness in the throat or hoarseness
3. Extreme difficulty breathing, shortness of breath, persistent cough, wheezing, breathing stops
4. Dusky color, extremely pale, gray or clammy
5. Continuing vomiting, diarrhea
6. Loss of consciousness (passing-out), altered pulse
7. Continuing seizures

#### **ACTIONS:**

1. Assess incident severity and condition of the individual. Note specific information for later documentation.
2. Stay with the individual and call for and provide appropriate life support, first aid and comfort.
3. Obtain assistance from another person to call for emergency rescue team and indicate location, room in building, telephone numbers, life saving services needed and what happened.
4. Hang up last.
5. Implement the individual's emergency plan as applicable. For example, administer emergency medication as ordered.
6. Contact the following as soon as possible per school procedures: Registered nurse, administrator, family, parent or emergency contact, or the hospital emergency room where the individual is being transported.
7. Notify designated school personnel, such as the registered nurse, principal, physician and hospital.
8. Accompany student to the hospital if parents are unavailable, give emergency responders needed information and send a copy of student's record with the emergency medical personnel.
9. Document incident, with name, time, symptoms, actions, and sign.



## Category II. Urgent or Moderate Emergency



**INTERVENTION:** Seek professional health care or supervision within an hour following the incident. There is little risk of death and first aid is essential at the time of the incident to reduce discomfort and complications. The individual is not able to continue participation in school activities.

### **SIGNS:**

1. Moderate itchy or oozing hives and pale skin color interfering with school activities
2. Moderate swelling of lips, tongue, mouth, difficulty swallowing
3. Some difficulty breathing, speaking, shortness of breath, persistent cough, wheeze
4. Continuing nausea, abdominal cramps, vomiting, or diarrhea
5. Convulsion with a known seizure history and responds to emergency plan
6. Responds to emergency plan, such as administration of emergency medication as ordered
7. Brief fainting with recovery
8. Anxious, weak, dizzy or confused

### **ACTIONS:**

1. Assess incident and condition of individual and note specific information for later documentation.
2. Stay with individual and if needed call for assistance.
3. If individual has an emergency plan, implement the plan, such as administering emergency medication as ordered.
4. Contact when appropriate the registered nurse, administrator, family, parent, or emergency contact with recommendation to obtain health care.
5. Report to other school personnel.
6. Record and document incident time, symptoms and actions taken, and sign name.

### Category III. Minor Incident



**INTERVENTION:** Immediate health intervention not required but may require follow up consultation. Consultation from registered nurse, parent, health professionals, or trained staff may be necessary. Frequently parents or the students handle these incidents themselves when they happen in the home. The student may stay in school or go home depending on individual needs.

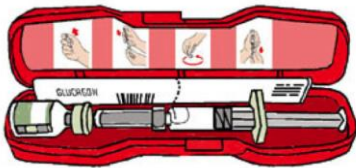
#### **SIGNS MAY INCLUDE:**

1. Mild itchy hives/rash starting with small itchy blisters
2. Watery and itchy eyes
3. Difficulty breathing, shortness of breath, coughing, sneezing, or runny nose
4. Mild nausea, abdominal cramps, vomiting, or diarrhea

#### **ACTIONS:**

1. Assess incident and condition of individual and note specific information for later documentation.
2. Provide appropriate first aid, comfort, or reassurance.
3. If there is an individual emergency plan, implement the plan, such as administering emergency medication as ordered.
4. Contact when appropriate the registered nurse, administrator, family, parent, or emergency contact with recommendation for continuing observation and health care if concerns continue.
5. Report to school personnel.
6. Record and document incident time, symptoms and actions taken, and sign name.

### Procedures for handling Anaphylaxis in Iowa Schools



The individual district and school need to develop procedures that consider the total student population, student risk stratification (known history of allergies), proximity of the nearest emergency services and the location of clinics and hospital emergency departments when determining the need for the school to stock a supply of epinephrine. Resource support and partnership with the local health department and health practitioners is recommended to assess the district/school situation and related needs (AAAAI, 2008).

# Roles and responsibilities for medication administration

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Schools and districts must have policies and procedures related to medication administration at school. But there is also the need to clarify who is responsible for implementing the policies and procedures. School administrators, the district and school registered nurses, qualified designated personnel, other school personnel, the student, parents and prescriber all play a part in making sure that medication administration is carried out in a way that enables students to take part in their educational program. When all parties work together, the result is safe and accurate medication administration.

## Role of the School District and School

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1. Establish district and school policy and procedures.
2. Provide resources to implement policy and procedures.
3. Provide information on policy and procedures for staff, parents, students, and the community

## Role of the Registered Nurse

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1. Understand, recommend updates, revisions and continually evaluate district and school policy and procedures related to medication administration.
2. Maintain nursing licensure, competencies, knowledge and skills to properly administer medications and treatments with students in district/school and during other district/school activities.
3. Plan for, arrange and provide medication administration education and skills observation for personnel selected to become qualified designated personnel. Provide supervision and follow-up training as needed. It is recommended that training be updated every five years.
4. Maintain a record of satisfactory course completion, performance skills demonstration and ongoing supervision and updates.

5. Delegate medication administration tasks as needed to qualified designated personnel. Withdraw the delegation if the qualified designated personnel fail to and or are unable to perform the task in accordance with the education provided.
6. Develop, review and change forms and other documentation related to medication administration procedures.
7. Develop and implement a plan for communicating with qualified designated personnel, parent(s), students, staff, and prescriber (with parental authorization) about questions, observations and unusual incidents.

### **Role of Qualified Designated Personnel**

---

1. Understand and follow district/school policies and procedures related to medication administration.
2. Complete required education/training and skills observation, supervision, and education updates.
3. Assume responsibility and accountability for medication administration, documentation and reporting procedures taught in the course or through supervision by the nurse.
4. Identify and report any incidents or changes in student behavior.

### **All Personnel**

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1. Understand and follow district/school policy and procedures related to medication administration.
2. Identify and report changes in student behavior, attendance and performance.

### **Role of the Student**

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1. Understand and follow district/school policy and procedures related to medication administration at school.
2. Understand and follow district/school policy and procedures related to self-administration of medications at school.

## **Role of Parent(s) or guardian(s)**

---

1. Understand and follow district/school policy and procedures.
2. Provide authorizations, medication, and any devices needed for medication administration.
3. Notify district/school personnel of any changes in medications or in the student's health status.

## **Role of Prescriber**

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1. Write a complete signed order including date, medication, dosage, time, frequency, length of treatment if known and method required by school/district policy and procedures.
2. Communicate medication administration instructions to the parent, student and school staff.

## Education for qualified designated personnel

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Iowa law allows licensed health practitioners, such as registered nurses, to delegate prescription medication administration tasks to “qualified designated individuals.” To become a school “qualified designated personnel” the person must complete an educational program on the safe and accurate administration of medications according to school policy and procedures. The course is taught and facilitated by a registered nurse or pharmacist.

## Schedule for training and retraining

---

Iowa law allows a practitioner to delegate medication administration to persons who have successfully completed a medication administration course. The registered nurse uses their knowledge and assessment to determine how often an individual needs to retake the course. A general recommendation is the course should be taken “as needed” but minimally every five years, including the skills observation. Updates on training should occur as needed, along with regularly scheduled supervision and follow-up on any unusual incidents.

## Education resources at Department of Education website-School Nurse page

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The Iowa Department of Education offers an online medication administration course to assist school staff in qualifying to administer medications at school under a practitioner’s supervision. The online course must be completed with a 100% score on 100% of the quizzes. The staff person then can print a certificate, which is signed by the nurse after skills observation has been successfully completed. A copy of the signed certificate is kept in the school file.

The online course is offered at [www.aea11.k12.ia.us](http://www.aea11.k12.ia.us), Professional Development. Other resources to support safe effective medication management in Iowa schools include this manual and skills demonstration tools.

## Medication Administration Course Objectives

---

### **Individuals completing the online course should:**

1. Understand Iowa laws that affect unlicensed health personnel administering medications at school.
2. Know how to protect confidentiality of student health information.
3. Know how to act within authorized limits of their role.
4. Understand medication terminology.
5. Know how to wash hands effectively.
6. Know how to practice the five rights.
7. Know how to document (the sixth right).
8. Know how to administer pills (tablets, capsules and sprinkles).
9. Know how to administer oral liquid medications.
10. Know how to administer topical skin medications.
11. Know how to administer eye drops and eye ointments.
12. Know how to administer eardrops.
13. Know how to administer or monitor inhaler.
14. Know how to manage student self-administration of medication.
15. Know what to do if medication errors occur.
16. Know how to recognize and respond to unusual situations (refusals, vomiting, spilled or lost doses).
17. Know how to respond to medication emergencies.

## Additional Units

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The main online medication administration course covers topics that are part of regular medication administration tasks at schools. But some students have medication administration needs that go beyond these basic procedures. School nurses requested that these additional procedures NOT be part of the course required by all qualified designated personnel. Instead, they wanted to be able to assign specific units to personnel who would be assisting with specific students. Like the main course, these additional units have a quiz at the end, and a certificate of completion that can be signed by the nurse after the skills observation has been completed. A copy of the certificate is kept on file.

### Currently available units include:

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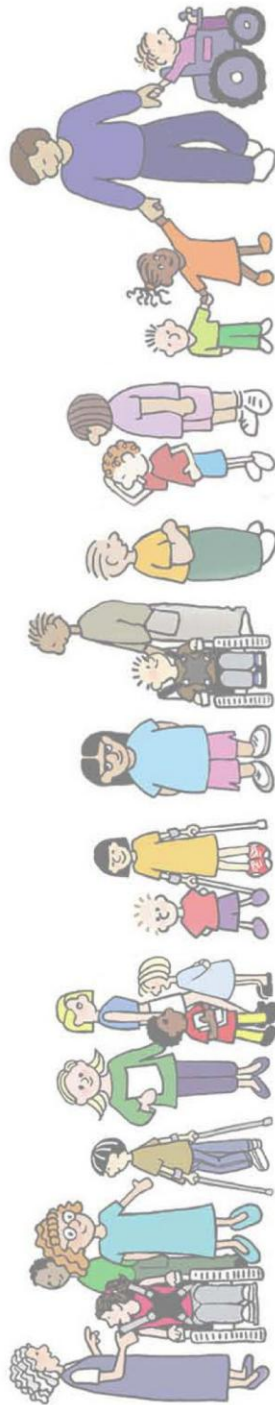
**Emergency Glucagon Administration:** This covers the basic procedures for administering glucagon to diabetic students who have a low blood sugar emergency.

**Rectal diazepam:** This covers the basic procedures for administering rectal diazepam for students with a breakthrough or uncontrolled seizure.

**Medication administration by nebulizer:** This unit provides basic information on administering medication using a nebulizer.

Additional units requested by school nurses available <http://www.aea11.ia.us>





# CERTIFICATE OF COMPLETION

**NAME**

\_\_\_\_\_ has successfully completed the online portion of the

## IOWA SCHOOL MEDICATION ADMINISTRATION COURSE

*Medication administration skills were  
observed and successfully performed*

**REGISTERED NURSE**

**DATE**

Date update due: \_\_\_\_\_

Date scheduled supervision: \_\_\_\_\_



# Skills Observation Checklist



*The following checklist can be used for the staff skills observation needed to complete the medication administration training. Check the box for each step done correctly.*

Staff name:

School

Nurse observer

Date

## Hand washing

- ☐ 1. Wet hands
- ☐ 2. Apply liquid soap
- ☐ 3. Rub hands together for 15 seconds
- ☐ 4. Dry with paper towel
- ☐ 5. Use paper towel to turn off faucet

## Giving Tablets, Capsules

- ☐ 1. Check five rights
- ☐ 2. Remove bottle cap
- ☐ 3. Hold cap in one hand, bottle in the other
- ☐ 4. Pour correct number of pills into cap
- ☐ 5. Pour pills into clean medicine cup
- ☐ 6. Put cap back on bottle
- ☐ 7. If individually wrapped, remove pills and place in cup
- ☐ 8. Check five rights
- ☐ 9. Give cup to student
- ☐ 10. Have students get a cup of water
- ☐ 11. Observe student swallowing medication
- ☐ 12. Have student throw medicine and water cup away
- ☐ 13. Document medication administration
- ☐ 14. Put medicine away

## Giving Sprinkles

- ☐ 1. Check five rights
- ☐ 2. Open capsule carefully
- ☐ 3. Pour the sprinkles onto the food
- ☐ 4. Check five rights
- ☐ 5. Give all the "sprinkled" food to the student
- ☐ 6. Complete documentation
- ☐ 7. Put medicine away

## Giving oral liquid medication

- ☐ 1. Check five rights
- ☐ 2. Pour medication into cup
- ☐ 3. Hold cup at eye level to check amount
- ☐ 4. Wipe any drips from bottle
- ☐ 5. If using dropper, measure correct amount
- ☐ 6. Put cap on
- ☐ 7. Check five rights
- ☐ 8. Give student the medication in cup or dropper
- ☐ 9. Watch student take all medication
- ☐ 10. Complete documentation
- ☐ 11. Put medicine away

## Applying Topical Skin Medication

- ☐ 1. Gather supplies
- ☐ 2. Check five rights
- ☐ 3. Position student/observe affected area
- ☐ 4. Clean skin
- ☐ 5. Check five rights
- ☐ 6. Uncap ointment or lotion
- ☐ 7. Squeeze correct amount on tongue blade
- ☐ 8. Apply medication according to directions
- ☐ 9. Put cap back on
- ☐ 10. Cover skin as directed
- ☐ 11. Complete documentation
- ☐ 12. Put medicine away

## Administering eye drops and ointments

- ☐ 1. Gather supplies
- ☐ 2. Put on gloves
- ☐ 3. Check five rights
- ☐ 4. Position student with head tilted back
- ☐ 5. Check student's eyes for changes
- ☐ 6. Check five rights
- ☐ 7. Open eye medicine
- ☐ 8. Pull lower lid down to expose conjunctival sac
- ☐ 9. Approach eye from side with drops
- ☐ 10. Put correct number of drops into lower sac
- ☐ 11. Apply ointments in a thin line along longer lid
- ☐ 12. Have student close eyes for a minute or two
- ☐ 13. Wipe excess medicine with cotton ball
- ☐ 14. Dispose of cotton ball, gloves and tissue
- ☐ 15. Document medication administration
- ☐ 16. Put medicine away

## Administering Ear Drops

- ☐ 1. Gather necessary supplies
- ☐ 2. Check five rights
- ☐ 3. Position student so head is to the side
- ☐ 4. Observe ear, clean with cotton ball if needed
- ☐ 5. Check five rights
- ☐ 6. Pull earlobe down and back for students under three
- ☐ 7. Pull earlobe up and back for older students
- ☐ 8. Administer correct number of drops
- ☐ 9. Rub skin in front of ear
- ☐ 10. Wipe excess liquid from ear with cotton ball
- ☐ 11. Have student hold position for a minute
- ☐ 12. Treat other ear if directed
- ☐ 13. Document medication administration
- ☐ 14. Put medicine away

## Administering or observing inhalers

**(Note: With a number of inhaler types in use, several demonstrations may be needed)**

- ☐ 1. Check five rights
- ☐ 2. Place canister into inhaler
- ☐ 3. Shake inhaler for two seconds
- ☐ 4. Check the five rights
- ☐ 5. Remove cap and hold canister above mouthpiece
- ☐ 6. Have student breathe out slowly
- ☐ 7. Follow directions for where mouthpiece should be
- ☐ 8. Have student inhale slowly and deeply, hold breath for up to 10 seconds
- ☐ 9. If spacer is used, have student take several breaths
- ☐ 10. Give second dose if prescribed
- ☐ 11. Put cap back on medication
- ☐ 12. Document medication administration
- ☐ 13. Put medication away

## EPIPEN

- ☐ 1. Remove cap from EpiPen
- ☐ 2. Press tip against student's thigh
- ☐ 3. Hold for several seconds

## Documentation and Reporting

- ☐ 1. Document medication administration
- ☐ 2. Document errors or other incidents
- ☐ 3. Understand contact procedures for questions or emergencies

EXAMPLE FORMS



## Example Parental Authorization and Release Form for the Administration of Prescription Medication to Students

\_\_\_\_\_  
**Student's Name** (Last), (First), (Middle)        /  /        \_\_\_\_\_        /  /    
Birthday      School      Date

*School medications and health services are administered following these guidelines:*

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

\_\_\_\_\_  
Medication/Health Care      Dosage      Route      Time at School

\_\_\_\_\_  
Administration instructions

\_\_\_\_\_  
Special Directives, Signs to Observe and Side Effects

  /  /    
Discontinue/Re-Evaluate/Follow-up Date

\_\_\_\_\_  
Prescriber's Signature

  /  /    
Date

\_\_\_\_\_  
Prescriber's Address

\_\_\_\_\_  
Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

\_\_\_\_\_  
Parent's Signature

  /  /    
Date

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Additional Information

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Code No. 507.2E2 Authorization Form

## Example Authorization: Asthma or Airway Constricting Medication Self-Administration Consent Form

Code No. 507.2E1

Page 1 of 2

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name (Last), (First) (Middle)      Birthday      School      Date

For a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
  - purpose of the medication,
  - prescribed dosage,
  - times or;
  - special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code § 280.16.

\_\_\_\_\_  
Medication      Dosage      Route      Time

\_\_\_\_\_  
Purpose of Medication & Administration /Instructions

## Authorization: Asthma or Airway Constricting Medication Self-Administration Consent Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Special Circumstances Discontinue/Re-Evaluate/Follow-up Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Prescriber's Signature Date

\_\_\_\_\_  
Prescriber's Address Emergency Phone

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.
- *(Student maintains self-administration record.)*

**(Note: This bullet is recommended but not required.)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date  
(I agree to above statement)

\_\_\_\_\_  
Parent/Guardian Address Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Self-Administration Authorization Additional Information



# SAMPLE RECORDING FORM

Name \_\_\_\_\_ School \_\_\_\_\_ School year \_\_\_\_\_

MEDICATION \_\_\_\_\_ or HEALTH CARE \_\_\_\_\_  
 (name, dosage, route, time, specific instructions) (name, time, specific instructions, attach individualized procedure)

Physician \_\_\_\_\_ ☐ Permission on file

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1												
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- Use one sheet per medication/health care.
- Write time, cross off, and initial.
- Sign and date at bottom only once to identify initials.
- Include completed form in health record.
- Enter additional comments on back.

**A** Absent  
**X** No School  
**E** Error, not administered; comment on back, file incident report.

Signature, person administering	title	initials	date

Amt. Rec'd	Date	Disposition	Date
		Depleted	
		Discontinue	
		Returned	
		Destroyed	

Handwriting practice lines for the letter 'f'. Each row consists of three horizontal lines (top, middle, and bottom) with a slanted line segment connecting the top and middle lines, forming the shape of the letter 'f'. The rows are numbered 1 through 20 on the left side.

[illegible]

## Example Medication incident report form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Time medication to be administered: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Reason for report: Missed medication, wrong medication, etc. Give detailed report as to how incident happened. \_\_\_\_\_

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Action taken/intervention: \_\_\_\_\_

Name of parent/guardian who was notified: \_\_\_\_\_

Time/date of notification: \_\_\_\_\_

Building nurse: \_\_\_\_\_ Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Building administrator's signature: \_\_\_\_\_

Printed name of person preparing report: \_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Follow-up contact/care: \_\_\_\_\_

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## Example    Qualified Designated Personnel – Documentation

Name\_\_\_\_\_ School \_\_\_\_\_

I, \_\_\_\_\_(qualified designated personnel):

- ☐ Understand my responsibility and accountability to provide the service(s) as instructed
- ☐ Location of health service policies and procedures: \_\_\_\_\_  
\_\_\_\_\_
- ☐ Understand and will follow the lines of communication in the plan
- ☐ Agree to the level and frequency of supervision by the school nurse
- ☐ Agree to perform the service as instructed
- ☐ Agree to ask questions, communicate concerns promptly, and document service provision
- ☐ Received education and feel knowledgeable about the health service

Date\_\_\_\_\_ Initials\_\_\_\_\_

- ☐ Demonstrated step-by-step health service competency

Date\_\_\_\_\_ Initials\_\_\_\_\_

\_\_\_\_\_  
Assistive personnel signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School nurse signature

\_\_\_\_\_  
Date

*5/01 Adapted from Cedar Rapids CSD form*

Example Training-Supervision-Monitoring Record

Name	Instructor	Date
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Detailed description of training (attach training or location of course materials)

Performance evaluation date	Comments
Return demonstration date	Comments
Supervision follow-up date	Comments
Update Due	Comments

Continuing documentation

Date	Comments
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
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____/____/____	
____/____/____	

## Example Parental Order Form for Over-the-Counter Medications

A registered nurse will have the following over-the-counter medication available to give to students according to written protocol and with written parental authorization. Please check which medications your child may receive for minor health problems such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritations, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes.

**Student Name:** \_\_\_\_\_

**Check one:**

- ☐ May give all medications listed
- ☐ Do NOT give any medications
- ☐ Give ONLY medications checked

- ☐ Acetaminophen (Tylenol)  
325 mg/500 mg, 2 tablets every 4 hours, headache, cold, sore throat, menstrual cramps, and earache
- ☐ Sudafed  
30 mg, 1-2 tablets every 4 hours, Nasal Decongestant
- ☐ Ibuprofen (Advil, Motrin)  
200 mg, 1-2 tablets every 4 hours, menstrual cramps, muscle strain, backache, and headache
- ☐ Robitussin Cough syrup  
2 teaspoons every 6 hours, cough
- ☐ NS-Aid  
1-2 tablets every 4 hours, menstrual cramps
- ☐ Pepto Bismol  
1-2 tablets, upset stomach, diarrhea
- ☐ Dristan Cold  
(Tylenol with Sudafed) 1-2 tablets every 4 hours, cold, nasal congestion
- ☐ Roloids, Tums, Mylanta  
1-2 tablets, upset stomach, heartburn

Please administer the above to: \_\_\_\_\_,  
according to the listed dosages and symptoms.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please RETURN THIS FORM TO YOUR SCHOOL NURSE**

*Adapted from an Iowa community school district*

## GLOSSARY OF TERMS



## Glossary of terms for medication management in school and school activities

The school medication administration policy and procedures may include the following terms.

**Administration** - Distribute/give student medication by ingestion, application, inhalation, injection, insertion, or self-management according to the directions of the legal prescriber or parent(s). Individuals authorized by their license to administer medication may include the licensed registered nurse, physician, others, and persons to who authorized practitioners have delegated the administration of medication (who successfully completed a medication administration course).

**Anaphylaxis** – Hypersensitivity to foreign proteins or drugs. Anaphylactic shock may result in a severe, sometimes fatal systemic reaction characterized by trouble breathing, fainting, itching and hives.

**Authorization** – Written medication administration permission and instructions by the prescriber and or parent-guardian. The authorizations are renewed annually and updated immediately as changes occur.

**Back-up personnel** – At least two individuals educated and designated to administer medication in the absence of the usual personnel.

**Bloodborne pathogens** - Microorganisms present in human blood that can cause disease in humans.

**Coadministration** - Student participation in planning, management, implementation and proficiency demonstration with the possibility of medication self administration with parent written request.

**Complementary and alternative medicine** - Medical products and practices that are not typically used in conventional medicine. They may be used in addition to or instead of a treatment and an emerging description is integrative medicine.

**Confidentiality** – The requirement that a student’s medication information is confidential and protected by the Family Educational Rights and Privacy Act (FERPA). FERPA allows sharing information without signed consent among school personnel to the extent such people need to know. Teachers and school personnel may be included in those with access, including those who assist with medication administration. Nurses may share information regarding medication administration that has educational, safety and/or emergency implications.



**Controlled Substance** - A drug or chemical substance with regulated use under federal law. Generally classified into 5 "schedules." Schedule I has the highest level of potential abuse, no current accepted medical use, and lack of accepted safety. The increasing schedule numbers have decreasing levels of potential abuse, more medical uses and more accepted safety. Extra school security, documentation, and pill counting, while not required, may be recommended depending on the setting.

**Declaratory Order** - An agency interpretation with respect to a specific set of facts and intended to apply only to that specific set of facts. The interpretation may provide guidance in certain situations.

**Delegation** – The registered nurse (RN) directs and educates another person to perform tasks and activities. The nurse transfers authority or responsibility while retaining accountability for the delegation.

The process of assigning tasks to a qualified individual includes the following.

1. The task definition is clear and the related authority specified.
2. The nurse uses the delegation decision-making process to assure the individual will be a competent person for the task.
3. Demands of the task do not exceed the individual's job description.
4. The RN provides required training for the task. Ongoing supervision is established in advance.
6. Documentation of the delegation process and rationale is maintained in the health record.

See Appendix B for details and sample forms.

**Dispense** – The preparation and distribution of medication prescription drug by a person licensed or registered to prepare and distribute medication, such as a pharmacist, physician, dentist, podiatrist, advanced registered nurse practitioner (ARNP), physician assistant, and others.

**Drug** – Substance used as a medication or in the preparation of medication.

**Educational program** - All district/school curricular programs and activities both on and off district/school grounds.

**Education team** - May include the individual student, the student's parent, administrator, teacher, licensed health personnel and all others involved in the student's educational program.

**Herbal medicine** - Plant, plant part, extract or mixture used to prevent, alleviate or cure disease or improve health. May be sold over-the-counter as tablets, capsules, powders, teas, extracts, and fresh or dried plants.

**Homeopathy** – An alternative medical system seeking to stimulate the individual's body defense mechanisms and processes to prevent or treat illness. Most homeopathic remedies are derived from natural substances.

**Individual Health Plan (IHP)** – An IHP for medication administration, or a plan that includes medication administration as part of other services, is used when the nurse determines that a student's medication administration is not routine or when extra oversight is needed. The written plan includes an assessment, diagnosis, outcomes expected, implementation procedures, documentation required and an evaluation of the medication administration and its effect on the student.



**Legal prescriber** -Authorized practitioner, person licensed under Iowa law, to order a drug or device in the course of their professional practice. Examples of legal prescribers include physicians, physician assistants, advanced registered nurse practitioners, dentists, podiatrists, and others. See prescriber.

**Long-term medication** -Preparations used for the treatment of chronic illness both daily and as needed (PRN).

**Measurements** -The system used to specify the amount of medication to be administered.

**Medication** – A therapeutic substance, also called a drug. Medications include prescription and non-prescription substances or preparations used to prevent, diagnose, cure or relieve the signs and symptoms of disease. The following areas amplify this definition.

Source: Medications can come from plant, animal, mineral or synthetic sources.

Action: Medications can act locally, at the site of application, or systemically through the bloodstream

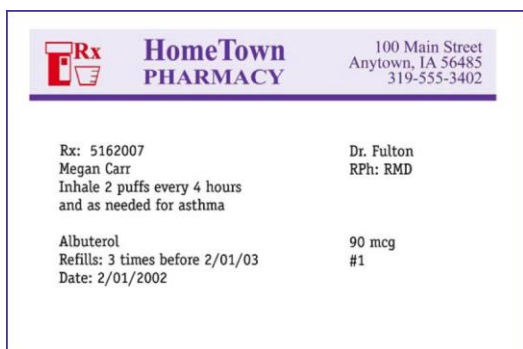
Variables: Medication action is affected by dose, route of administration, drug-diet interactions, drug-drug interactions, age, body weight, sex, pathological conditions and psychological considerations

Adverse effects: All medicines are capable of producing undesired responses. These can be rare, mild and localized, or widespread, severe and life threatening, depending on the medicine and the receiving individual.

System of naming: Medications are classified according to the effect on a particular body system, therapeutic use and chemical characteristics. The name used can be generic, related to the chemical name or a brand or trade name created by the manufacturer.

Laws on medication: Federal and state drug laws designed to ensure the public's safety and regulate the manufacture and sale of drugs

**Medication administration education** – Education for school personnel, provided by a nurse, physician or pharmacist, on how to administer medication to students at school and during school activities. Persons to whom authorized practitioners have delegated the administration of medication (who have successfully completed a medication administration course) are designated as individuals who may administer medications.



**Medication label-** The written instruction on the original container as dispensed by the pharmacist or on the manufacturer's label. The parent provides the labeled medication and supplies.

**Monitoring** -Procedures to insure the student takes authorized medication correctly. This can include reminding the student to take medication; visual observation of the

student to insure compliance; recording medicine administration; notifying the parent and/or legal prescriber of any side effects or refusal to take the medicine.

**Over-the-Counter (OTC) medication** – Drugs or medications available without a prescription that may be purchased from a store shelf.

**PRN** - Latin abbreviation for *as needed*. Times of administration determined as circumstances require.

**Parents' written authorization** - A signed, dated, statement from the parents, kept on file at school, authorizing medication administration in accord with the prescription or non-prescription medication instructions. The authorization includes individual instructions, permission to contact the prescriber as needed, notification that the information may be shared with school personnel needing to know and all related medication information needed to safely administer the medication. The parent provides for the safe delivery of medication to and from school.

**Personal protective equipment** - Clothing and/or equipment, such as gloves or gown, worn for protection from potentially infectious materials.

**Pharmacology** - The science of drugs including origin, composition, pharmacokinetics, therapeutic use and toxicology.

**Policy** - A standing plan that provides general directions for decision-making. Each district/school develops a policy on student medication administration at school and in school activities. The Iowa Association of School Boards provides member districts/schools an example policy and administrative regulations.

**Potentially Infectious Materials** - Any human body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Prescriber** - A physician, dentist, podiatrist, physician assistant, advanced registered nurse practitioner or other licensed health provider legally authorized to prescribe. See Legal Prescriber.

**Prescriber's authorization** - The legal prescriber's directions on the prescription or non-prescription label with the student name, medication, administration instructions and date.

**Procedures** - Specific detailed step-by-step instructions for implementing medication administration policy. Also called administrative regulations.

**Qualified Designated Personnel** - A non-health licensed school employee who has successfully completed a medication administration course and updates according to Iowa laws. The person is competent and works with the registered school nurse and/or licensed health professional responsible for delegating medication administration. The qualified designated personnel may not train another unlicensed health person. In the health setting, Qualified Designated Personnel may be referred to as unlicensed assistive personnel (UAP).

**Registered Nurse (RN)** - An individual who is licensed to practice professional nursing in Iowa and may be employed in the school setting. Titles vary according to education and include school nurse, professional registered school nurse, school health nurse specialist, certified school nurse, special education nurse and Advanced Registered Nurse Practitioner (ARNP). The RN is specifically authorized under Iowa law to administer prescription drugs and may delegate medication administration to other individuals if they have appropriate training and supervision.

**Self-administration and carrying medication** - The ability of the student to self-manage and carry medication with parent authorization on file and student agreement to safely self-administer using the school guidelines. By Iowa law, students with asthma or other airway constricting diseases may self-administer medications with parental and physician consent. In this situation the student does not have to show "competency" in order to be allowed to self-administer.

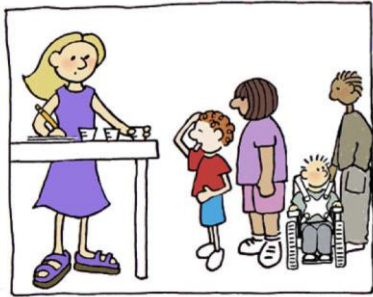
**Standing orders** - Written protocol for medication administration applying to the general use of that medication, as opposed to an order for a medication written for a specific individual.

**Student** - Individual age birth through 21 years, and in some cases older, who attends school.

**Supervision** - The method of monitoring, checking and overseeing delegated tasks. Levels include: immediate-supervisor is physically present, direct-supervisor is present and available at the site and indirect-supervisor is available in person or through electronic means.

**Universal Precautions** - An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

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## APPENDIX A      DECLARATORY RULINGS, IOWA BOARD OF NURSES ON OVER-THE-COUNTER AND NATURAL REMEDIES AND SUPPLEMENTS



## 1 The Iowa Board of Nursing

<b>IN RE: Petition for</b>	)	<b>Declaratory Ruling No. 3</b>
<b>Declaratory Ruling</b>	)	
<b>Filed by Carol Sue Hinton,</b>	)	<b>Administration of O-T-C</b>
<b>June 21, 1985</b>	)	<b>Medication by School Nurses</b>

A petition for declaratory ruling was filed with the Iowa Board of Nursing by Carol Sue Hinton, R.N., Chairperson, West Des Moines School Nurses, on June 21, 1985. The specific questions presented in the petition were:

1. Does state law allow registered nurses to administer over-the-counter medications to children enrolled in the public school system upon parental request?
2. Should the parental request be in writing?

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision or order of the agency" pursuant to Iowa Code §17A.9 (1985). See also 590 I.A.C. §1.3(4).

The Iowa Board of Nursing has determined that the Code of Iowa and the Iowa Administrative Code do not forbid administration of over-the-counter medications by a registered nurse.

The registered nurse, using education and experience, may determine that the use of over-the-counter medication, ordered by a parent, is the appropriate care for some children. Thus, the registered nurse may follow a parent's direction to give such a medication. However, the registered nurse may also determine that an over-the-counter medication, ordered by a parent, could be detrimental to the child. In this case the registered nurse may refuse to administer the medication and state the reasons, in writing, to the parent.

If the parent pursues the matter and returns with a physician's prescription for the medication the registered nurse must then "execute the regimen prescribed by a physician" unless the registered nurse notifies the physician in a timely manner, as stated in Iowa Administrative Code, Nursing Board(590), Chapter 6, subrule 6.2(5), paragraph "d."

"Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician (e.g., medication not administered) is not carried out, based on the registered nurse's professional judgment, accountability shall include but need not be limited to the following:

(1)Timely notification to the physician who prescribed the medical regimen that the order(s) had not been executed and the reason(s) for same.

(2)Documentation on the patient/client medical record that the physician has been notified and reason(s) for not executing the order(s)."

The second question asked if the parental request should be in writing. The Board advised that parental instructions in writing provide proper documentation of the request and avoid any future misunderstanding as to whether the nursing process had been utilized as specified in Iowa Administrative Code, Nursing Board (590), Chapter 6, subrule 6.2(2).

July 25, 1985

DATE

/S/ Ann E. Mowery

ANN E. MOWERY, Executive Director

## Iowa Board of Nursing

<b>In RE: Petition for</b>	)	<b>Declaratory No. 81</b>
<b>Declaratory Ruling Filed By:</b>	)	
<b>Lesle J. Kouba, RN, BSN</b>	)	<b>Administration of Natural Remedies and</b>
<b>Lynn Shumate, RN</b>	)	<b>Supplements to School Children at the</b>
	)	<b>Request of Their Parents or Guardians by</b>
<b>November 21, 1995</b>	)	<b>Registered School Nurses During the School Day</b>

A petition for declaratory ruling was filed with the Iowa Board of Nursing by Lesle J. Kouba, RN, BSN, and Lynn Shumate, RN, on November 21, 1995.

The Board is authorized to issue declaratory rulings “as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency” pursuant to Iowa Code §17A.9 (1995). See also 655 IAC 9.

The specific question presented in the petition is as follows:

**What is the position of the Iowa Board of Nursing regarding the administration of natural remedies and supplements to school children, at the request of their parents or guardians, by registered school nurses during the school day?**

In declaratory ruling number 3, the board determined that the Code of Iowa and the Iowa Administrative Code do not forbid administration of over-the-counter medications by a registered nurse. In this decision, the RN, using education and experience, may determine that the use of over-the-counter medication, ordered by a parent, is appropriate care for some children. Likewise, the RN may determine that an over-the-counter medication, ordered by a parent, could be detrimental to the child. In this case the RN may refuse to administer the medication and state the reasons, in writing, to the parent. The registered nurse is accountable for using nursing judgment in making a decision about the appropriateness of the medication being given and for the safety and well-being of the student.

In this petition, the essence of the question is related to the registered nurse administering natural remedies and supplements. Today, some families are turning to alternative resources for health care, including the use of substances purchased in health food stores for preventative health care and for the treatment of a wide variety of medical conditions. Parents request that they be administered by school nurses as over-the-counter medications.

The petitioners have asked that parents administer these substances to their children at home, outside of school hours, or have asked that parents administer the substances to their children themselves during the school day. The petitioners based this decision on declaratory ruling number 3, “The Administration of OTC Medications by School Nurses.”

The petitioners state the possibility of potential for injury to the child exists since the nurses are unable to determine the appropriateness, safety, possible side effects, or toxic effects of these substances. The petitioners do not want to administer substances that do not meet the same standards as regular drugs. The petitioners also feel that administration of these substances to children provides potential for personal and professional liability exposure. This concern is substantiated by information in the medical literature reporting harm that has come to persons who have used certain natural remedies on both a short-term and long-term basis. According to a recent article in JAMA, herbal products, which may include products in the form of powders, tablets, and capsules, are not regulated by state and federal agencies and neither their safety nor efficacy is guaranteed. Steven Barrett, MD, a retired psychiatrist and consumer advocate, states that federal laws which ban the sale of medicines that have not been proven to be safe and effective have not been applied to homeopathic remedies. Homeopathic medicines were "grand fathered in" because most of the substances were on the market before passage of the Food, Drug, and Cosmetic Act of 1938, and, as such, were exempted from regulations.<sup>1</sup>

Additionally, information available from the poison control center regarding the treatment for overdose of natural remedies and substances is either nonexistent or limited. In most instances, the only treatment for overdose of these substances is supportive therapy.

In providing nursing care, including medication administration, the Iowa Board of Nursing holds the individual nurse accountable for nursing actions and decisions. In accordance with 655 IAC 6.2(5) "The registered nurse shall recognize and understand the legal implications of accountability." The nurse is expected to practice in a safe and prudent manner. When a nurse administers a drug, the nurse must be knowledgeable about the medication's actions, indication, and contraindications and the adverse effects of the drug. Fundamental to safe drug administration is that the nurse never administers and unfamiliar medication.

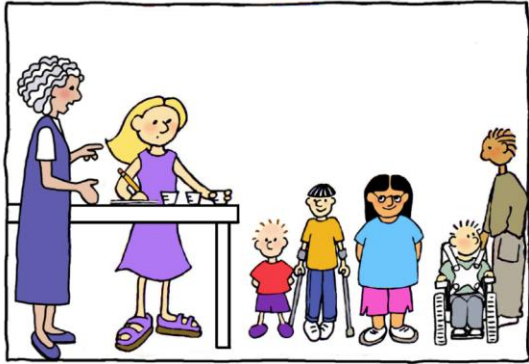
In keeping with the standard, the board finds that when the Nurse is unable to determine the appropriateness, safety, possible side effects, or toxic effects of a drug, the nurse may not administer the drug. To do so would not be in compliance with 655 IAC 6.2(5). Therefore, the position of the Iowa Board of Nursing is that nurses may not administer natural remedies and supplements to school children, at the request of their parents or guardians, during the school day, when the nurse is unable to determine the appropriateness; safety; possible side effects, or toxic effects of the substance; the appropriate dose for a child of a specific age, weight, and body surface area; and treatment of overdose.

<u>/S/ Nancy E. Knutstrom</u>	<u>February 29, 1996</u>
Nancy E. Knutstrom, R.N., M.S., Ed.	Date
Chairperson, Iowa Board of Nursing	

<u>/S/ Lorinda K. Inman</u>	<u>February 29, 1996</u>
Lorinda K. Inman, R.N., M.S.N.	Date
Executive Director, Iowa Board of Nursing	

1 "FDA petitioned to "Stop Homeopathy Scam," JAMA 19 Oct. 1994: 1154, 1156.

## APPENDIX B MATERIALS ON SCHOOL NURSE DELEGATION



## Interpretive Statement: Statewide Committee of School Nurses

**Purpose:** Today, increasing numbers of students need special health services to participate in their educational program. Providing services requires interdisciplinary coordination between education, health, and human services. These coordinated services include nursing delegation of school health services designed to protect student health, safety, and welfare. The purpose of this interpretative statement is to provide a resource for school nurses and school personnel regarding the school nurse delegation decision-making process.

**Background:** nurse licensed to practice by a state board of nursing. The School Nurse has the legal, professional, and ethical autonomy to make decisions about delegation in accordance with the:

Iowa Code (Iowa Code § 152) Practice of Nursing, Iowa Administrative Code Nursing Practice for RNs (655 IAC 6), Iowa Administrative Code Discipline (655 IAC 4), and Advanced Registered Nurse Practitioner (655 IAC 7)

Standards of Professional School Nursing Practice (National Association of School Nurses and American Nurses Association, 2001)

School Nursing Code of Ethics (National Association of School Nurses, 1999)

To practice within the scope of delegation authority, the School Nurse is accountable and responsible for:

- maintaining documentation of personal competence and education
- knowledge, skills, experience, instruction, and supervision
- determining if the student specific service(s) may be delegated
- appropriate circumstances, setting, and resources
- delegation to the right person for the right reason(s)
- service direction and description including clear and concise objectives, limits, and expectations
- supervision including monitoring, evaluation, intervention, and feedback (NCSBN Adopted by the Iowa Board of Nursing March 1996)
- action or failure to act of self or others performing health services included in the individual health plan and emergency plan

By applying the legal, professional, and ethical delegation obligations, the School Nurse begins the delegation decision-making process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation (Appendix A Example). The student's health file contains the detailed delegation decision-making process documentation (Appendix B Example).

## **GATHERING ASSESSMENT INFORMATION:**

The School Nurse identifies:

- information sources including and not limited to health providers, student, family, and education team
- individual student health service needs
- resource needs
- student and or personnel supervision needs

**Nursing Diagnoses and Outcome Identification:** Once the assessment is completed, the resulting nursing diagnoses and outcomes direct services and determine action priorities in delegation decision-making. The nursing diagnoses describe the student's current health status. The outcomes are statements describing the desired health goals. They are meaningful, measurable, observable, and useful in making decisions. The School Nurse also considers their value to the student and family and the impact of their achievement on the student's school performance.

Applying the information obtained through assessment, diagnosis, and outcome identification, the School Nurse proceeds to the planning step of the delegation decision-making process.

**Planning Individual Health Service(s) and Emergency Health Service(s):** The School Nurse analyzes the assessment in consultation with the student, family, staff, and education team and determines whether to delegate considering:

- high outcome predictability (stability)
- minimal service complexity (competence)
- low harm potential for the student and others (harm)
- student level for self-care (self-care)
- minimal problem solving required (decision-making)

If the school nurse determines the student's safety and welfare requires the RN to provide the service, the nurse communicates with the education team on the delegation decision-making process.

The School Nurse develops the individual health plan (IHP) and emergency plan (EP) which includes a back-up plan(s) in case the service provider is not available. After completing the planning step, the School Nurse proceeds to the implementation step of the delegation decision-making process.

**Implementation:** When the School Nurse determines the service may be safely delegated to another person, hereafter referred to as the assistive personnel, the School Nurse develops the assistive personnel implementation plan including:

- designating the assistive personnel to perform the service(s)
- instruction content and updates
- demonstrated competency level
- frequency and level of supervision (in same area, on site, or on call)
- provision of ongoing support



The assistive personnel providing the service(s):

- understands responsibility and accountability to provide the service(s) as instructed
- understands and follows lines of communication in the plan
- demonstrates service knowledge and skill(s) competency
- agrees to the level and frequency of supervision
- agrees to perform the service(s) as instructed (Iowa Code §§ 280.23)
- agrees to ask questions, communicate concerns promptly, and document service provision
- signs an agreement of understanding (Appendix C Example)

The School Nurse provides the ongoing continuous evaluation step of the delegation decision-making process following implementation.

**Evaluation:** The School Nurse will:

- review the delegated process and outcomes
- maintain ongoing communication and observation with assistive personnel
- determine follow-up measures to continue to meet student needs
- adjust the plan as needed to meet new and changing needs
- document the evaluation findings

The School Nurse's accountability and responsibility for student advocacy requires immediate reporting, documentation, and resolution of a situation when safety is in question. "RNs are accountable to provide safe, effective nursing care. This necessitates that employers, payers, peers, and coworkers support the RN and share the responsibility to provide safe, quality student health services" (Minnesota Nurses Association, 1997).

## Summary

Iowa Registered School Nurses ensure safe provision of special health services through the delegation decision-making process. This process allows students to receive and benefit from their educational program through the safe, competent provision of needed special health services. Qualified health personnel determine service(s) to be delegated to assistive personnel with the utmost regard for student safety and protection.

## DEFINITIONS

**Accountability:** The RN, according to their nursing license, is responsible and answerable for delegating special health services and self-action or inaction of self. When assistive personnel accept delegation, they agree to be responsible for self-action or inaction in providing the service(s) as instructed.

**Assistive personnel:** An individual, without health licensure, including various titles (unlicensed assistive personnel, qualified designated personnel, classroom assistant, paraeducator, paraprofessional, secretary, teacher, and others) functioning in an assistive role delegated by the RN. The assistive personnel is instructed, competent, and supervised in providing the health service(s) described in the individual health plan (281 IAC 41.96(1)).

**Decision-making:** The School Nurse uses the nursing process when determining health service delegation and documents the process.

**Delegation:** The School Nurse, in collaboration with the education team, assigns the performance of the health service(s) in a selected situation, not requiring the registered nurse knowledge and skill level, to a competent assistive personnel determined by the delegation decision-making process (Iowa Code § 152.1(2)(c)). The recommendation of the licensed health personnel receives primary consideration. When the delegation decision of the team members differ, the RN documents the decision and recommendation. The RN instructs and supervises the assistive personnel performing health service(s). Additional references: Iowa Code 152.1(2)(c) and 655 IAC 6.2(5).

**Documentation:** Maintaining a written or electronic record of the decision-making assessment, diagnosis, outcome identification, planning, implementation (instruction, return demonstration, competency, assistive personnel agreements, and communication), evaluation, and revision(s) of the health service(s) in the IHP, EP, and IEP. Additional delegation documentation includes but is not limited to the student name, health service, prescriber, date, time, name and title of the person providing the service, detailed notes on service provision, and unusual circumstances.

**Evaluation:** Analysis of the student's response(s) to the delegation process and progress toward identified outcomes. The data collected during the systematic ongoing evaluation is documented and used to make decisions about modifications, additions, or deletions. The school nurse reviews the IHP, EP, and back-up plan in collaboration with the student, family, school team, and assistive personnel whenever the student's health

**Health assessment:** The process to determine the student's health status through the health information relating to the IHP and EP (281 IAC 41.96(1)). Sources of information include, but are not limited to; interviews with the student and family, review of the student health record and medical records, health history, physical assessments and measurements, developmental and or family assessments, school professionals observations, and the education team. The school nurse interprets the information using professional knowledge and expertise to indicate how the health status affects educational performance and to determine delegation.

**Health service instruction:** Education by the school nurse or other qualified health personnel to prepare assistive personnel to deliver and perform special health services contained in the IHP and EP. Documentation of the education and updates is on file (281 IAC 41.96(1)).

**Individual health plan (IHP):** A written confidential document detailing the provision of the special health service(s) in the education program and desired outcomes. The IHP, IEP, and back-up (reserve or substitute) plans document the nursing process. The school nurse and other qualified health personnel develop this document with the health provider, family, student, and education team. The specific health services and provider(s) are included in the Individualized Educational Program (IEP), selected items integrated into the IEP, the plan(s) location noted in the IEP, and updated as needed and at least annually (281 IAC 41.96(1)).

**Special health service:** Includes, but is not limited to, service(s) for individuals whose health status, stable or unstable, requires interpretation or intervention, administration of health procedures and health care, or use of a health device to compensate for the reduction or loss of a body function (281 IAC 41.96(1)).

**Supervision:** The School Nurse provides oversight including and not limited to observation, guidance, direction, instruction, evaluation, and follow-up of the assistive personnel providing the delegated special health service(s) (NCSBN, 1995). "Levels of supervision include situations in which licensed health personnel are physically present, licensed health personnel are available at the same site, and licensed health personnel are available on call" (281 IAC 41.96(1)).

## **Various levels of school health expertise**

**Registered nurse (RN):** Licensed to practice nursing by a board of nursing to formulate nursing diagnoses, conduct nursing treatment, carry out physician instructions, supervise and teach other personnel in the performance of nursing care activities, perform additional services requiring education and training, and apply scientific principles (Iowa Code § 152 and 655 IAC 6).

**School Nurse:** The School Nurse is a registered nurse, licensed to practice in accordance with the laws, rules, Standards of Professional School Nursing Practice (National Association of School Nurses and American Nurses Association, 2001) and the Code of Ethics for the School Nurse (National Association of School Nurses, 2002). "School Nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning" (National Association of School Nurses, 1999).

**Nurse:** Each board that employs a nurse shall require a current license to be on file (281 IAC 12.4(12)). The School Nurse contract is in writing, stating number of contract days, annual compensation, any other matter as mutually agreed, not to exceed a term beyond the school year except as otherwise authorized, signed by the Board and nurse, and on file before entering into performance (Iowa Code §279.13). School Nurse Statement of Professional Recognition (SPR) from the Board of Educational Examiners is available and Not required for employment. SPR requires registered nurse license, baccalaureate degree, child and dependent abuse education documentation, and renewal fee, copy current RN license, and record of child abuse course every five years <http://www.boee.iowa.gov/ChooseNew.html> Career and technical secondary license endorsement programs. Bachelor's degree program-provided to noneducators entering the education profession to instruct in occupations and specialty fields in career and technical service areas and career cluster areas and renewal requirements (282 IAC 17.1-.3).

**Special Education Nurse:** Professional RN who assesses, identifies, and evaluates health needs of eligible individuals; interprets for the family and educational personnel how health needs relate to the individuals' education; implements activities within the practice of professional nursing; and integrates health into the educational program. Special Education Nurse SPR (282 IAC 16.7).

**Advanced Registered Nurse Practitioner (ARNP):** Advanced RN practitioner educated in nursing with advanced nursing knowledge, physical and psychosocial assessment, interventions, health care management, and national professional nursing association certification approved by the board of nursing (655 IAC 7).

Public health nurse: A registered nurse who has a baccalaureate degree in nursing or related field and has knowledge of prevention, health promotion, community health nursing, and public health concepts (641 IAC 79.2 (135)).

**Physician:** The qualified licensed physician provides consultation with school health professionals and the school administration; is familiar with federal, state and local laws, policies, and programs, and links with the medical community; consults on individuals and groups, procedures, curriculum, program and policy, and evaluation; reports on consultation activities; and participates in on site services (American Academy of Pediatrics, 1993).

## Allied health personnel

**Licensed Practical Nurse (LPN):** Performs supportive or restorative care under the supervision of the RN (655 IAC 6.3(1)). When the nursing care is provided by the LPN in a non-acute setting requiring the knowledge and skill level currently ascribed to the RN, the RN or physician must be present in the same building (655 IAC 6.3(6)). In addition, the LPN may provide supportive and restorative care to a specific student in the school setting in accordance with the student's IHP and EP when under the supervision of and as delegated by the RN employed by the school district. The RN determines the level of supervision (655 IAC 6.6(2)).

**Assistive personnel:** An individual, without health licensure, employed and educated to function in an assistive role to the registered nurse in providing nursing care as delegated by the registered nurse. Various assistive personnel titles include unlicensed assistive personnel (UAP), qualified designated personnel, classroom assistant, paraeducator (282 IAC 22), paraprofessional, secretary, teacher, and others. The assistive personnel is instructed, competent, and supervised in providing the health service(s) described in the individual health plan (281 IAC 41.96(1)).

**Community School Health Advisory Council:** Members include a broad cross-section of parents, business and community members, and school staff to facilitate communication and problem solving about health-related issues of children and youth. Each Council develops its own agenda, reflecting its community's concerns, values, and resources (Iowa Department of Public Health, 1999).

## Resources

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). (2006). Joint Statement on Delegation. Retrieved July 14, 2010, from [https://www.ncsbn.org/Joint\\_statement.pdf](https://www.ncsbn.org/Joint_statement.pdf)

Iowa Board of Nursing. (2001). *Delegation position statement*. Des Moines, IA. IBN. [On-line]. Retrieved July 14, 2010, from [http://www.state.ia.us/nursing/nursing\\_practice/Delegation.html](http://www.state.ia.us/nursing/nursing_practice/Delegation.html)

National Association of School Nurses, (2002). Code of Ethics with interpretive statements for the school nurse. Retrieved July 14, 2010, from <http://www.nasn.org/Default.aspx?tabid=512>

National Association of School Nurses, (2006). Delegation Position Statement. Retrieved July 14, 2010, from <http://www.nasn.org/Default.aspx?tabid=349>

National Association of School Nurses and American Nurses Association. (2005). School Nursing: Scope and Standards of Practice. Silver Springs, MD: ANA.

National Council of State Boards of Nursing (NCSBN). (2005). Delegation: Working with Others: A Position Paper. Retrieved July 14, 2010, from <https://www.ncsbn.org/1625.htm>

National Library of Medicine, National Institutes of Health (NIH) MedlinePlus Drugs Supplements and Herbal Information <http://www.nlm.nih.gov/medlineplus/druginformation.html>

Porter, S., Haynie, M., Bierle, T., Caldwell, T., & Palfrey, J. (1997). *Children and youth assisted by medical technology in educational settings: Guidelines for care* (2nd Ed.). Baltimore, MD: Brookes.

State of Iowa. (Current). *Iowa Code and Iowa Administrative Code*. Des Moines, IA: State of Iowa. Retrieved July 14, 2010, from <http://www.legis.state.ia.us/>. Iowa Code Chapters 22, 79, 135, 143, 152, 256, 256B, 272, 279, 280 and Iowa Administrative Code 281, 282, 641, 655.

Prepared by the School Nurse Delegation Workgroup: Ellen Johnson, AEA 4; Susie Poulton, AEA 10, Kathy Deibert, AEA 6, and Charlotte Burt, DE. Reviewed by Lois Churchill, Iowa Board of Nursing. March 2002.

## Example

### Iowa School Nurse Delegation Decision-Making Tree



*Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing and National Council of State Boards of Nursing, Inc/1997*

## Example

### Delegation Decision-Making Documentation

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

**Assessment, Diagnosis, and Outcome** summary:

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**Planning** summary:

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**Implementation** summary:

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**Evaluation** summary:

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*Documentation:* Consider the following in the decision-making process:

**Delegation decision rationale** *(i.e., The student's health status is stable and the student has received this service for two years without any problems. The service is a step-by-step procedure.)*

## **Documentation when changes occur and at least annually**

### **Planning**

- o high outcome predictability (stability)
- o minimal service complexity (competence)
- o low potential for harm (harm)
- o student level for self-care (self-care)
- o minimal problem solving required (decision-making)

### **Assistive personnel**

- o designate assistive personnel to perform the service(s)
- o instruction content and updates
- o demonstrated competency level
- o frequency/level of supervision (same area, on site, on call)
- o specify ongoing support

### **Evaluation**

- o review the delegated process and outcomes
- o document ongoing communication and observation
- o determine follow-up to continue to meet student needs
- o adjust the plan as needed to meet new and changing needs
- o document the evaluation

### **Implementation**

- o understands responsibility/ accountability to provide the service(s) as instructed
- o understands and follows lines of communication
- o demonstrates service knowledge and skill(s) competency
- o agrees to the level and frequency of supervision
- o agrees to perform the service(s) as instructed
- o agrees to ask questions, communicate concerns, and document service provision
- o signs an agreement of understanding

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School nurse signature

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Date